

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42269

State File No. ....

FILED JAN -7 1942 6-  
Registration District No. ....

Primary Registration District No. 6239

Registrar's No. 11

1. PLACE OF DEATH

(a) County Washington  
(b) City or town Rural of Bismarck Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
N. W. of Bismarck 4 miles  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community 27 years  
years, months or days)

3. (a) PRINT FULL NAME Louis Emiling

3. (b) If veteran, name war #  
3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margarete Emiling 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Dec 31 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 11 15 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Daniel Emiling  
13. Birthplace Rhine Germany (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Fuchert  
15. Birthplace Rhine Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margarete Emiling  
(b) Address Bismarck Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (Month) (Day) (Year)  
(c) Place: burial or cremation Bismarck Mo.

18. (a) Signature of funeral director Norman White & Sons  
(b) Address Ironton Mo.

19. (a) Dec 20 1942 (Date received local registrar) Ella White (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town rural (If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles N.W. of Bismarck (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1942 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from 12-7-42 to 12-13-42 1942  
that I last saw him alive on 12-15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. P. Kearsagan (M. D. or other) 12-22-42  
Address Bismarck Mo. Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

8 10

RECEIVED

District Health Officer No. 4  
District File Number 143-1512  
Date Filed 1-3-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Amel White*

Licensed Embalmer No. 3012

P. O. Address.....

*Clinton Ave.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING; (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**